

B6A (Official Form 6A) (12/07)

In re **Christina L Barte**Case No. **10-62788**

Debtor

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
House and land located at 6615 West James Anderson Highway Gladstone, VA 24553 Buckingham County	Fee simple interest	-	77,300.00	69,180.00
house: 64,300 land: 31,000				
lienholder: usda payment: 181.00 arrears: 3 months				
lienholder: Allied payment: 184.00 arrears: 3 months				

Sub-Total > **77,300.00** (Total of this page)

Total > **77,300.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

B6B (Official Form 6B) (12/07)

In re **Christina L Barte**Case No. **10-62788**

Debtor

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		CASH ON HAND	-	15.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		CHECKING ACCOUNT AT BB&T BANK	-	15.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		REFRIGERATOR: 200.00, STOVE: 200.00, MICROWAVE: 20.00, POTS/PANS: 50.00, SMALL APPLIANCES: 50.00, UTENSILS: 20.00, DISHWARE: 20.00, WASHER: 200.00, DRYER: 200.00, FOOD: 100.00, 4 TVS: 400.00, VCR/DVD COMBO: 50.00, ALARM CLOCK/RADIO: 20.00, VACUUM CLEANER: 25.00, LAMPS: 10.00, RUGS/MATS: 50.00, TRASH CANS/HAMPERS: 20.00, LINENS: 100.00, WINDOW DRESSINGS: 50.00, CEILING FAN: 50.00, TV STAND: 25.00, WALL PAINTINGS: 10.00, PHONES/CELLPHONES: 25.00, 1 BEDROOM SUITS WITH MATTRESS SETS: 500.00, DAYBED/MATTRESS: 75.00, DRESSER: 30.00, CHEST: 20.00	-	2,520.00
		living room suit: 500.00 kitchen table/chairs: 500.00 bedroom suit/mattress set: 500.00	-	1,500.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		FAMILY BIBLE	-	20.00
		FAMILY PORTRAITS	-	100.00
		BIBLE: 10.00, CDS: 25.00, PAPERBACK BOOKS: 20.00, PHOTO ALBUMS: 10.00, PLAYSTATION & GAMES: 100.00, WII SYSTEM & GAMES: 100.00,	-	875.00

Sub-Total > **5,045.00**
(Total of this page)

3 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Christina L Barte**Case No. **10-62788**

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
6. Wearing apparel.		SHOES/BOOTS: 100.00, SHIRTS:100.00, DRESSES:100.00, COATS JACKETS: 100.00, PANTS SLACKS JEANS SHORTS SKIRTS: 100.00, USED WEARING APPAREL: 50.00, HANDBAGS: 50.00, GLASSES: 10.00	-	610.00
7. Furs and jewelry.		EARRINGS: 20.00	-	20.00
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		LIFE INSURANCE POLICY CASH SURRENDER VALUE	-	0.01
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		ALL IRAS, 401 K PLANS, 401B PLANS, 403B PLANS, AND ANY AND ALL OTHER PENSION AND RETIREMENT PLANS	-	0.01
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			

Sub-Total > **630.02**
(Total of this page)

Sheet **1** of **3** continuation sheets attached
to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Christina L Barte**Case No. **10-62788**

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.		ALL FEDERAL AND STATE INCOME TAX REFUNDS	-	0.01
		GARNISHMENT FUNDS	-	0.01
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.		INCHOATE INTEREST IN INHERITANCE PROPERTY	-	0.01
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2005 Mitsubishi, Endeavor, with over 70,253 miles, awd	-	8,175.00
		lienholder: Americredit payment: 398.61 arrears: two months		
		2008 kia optima, 4dr, auto, with over 40,000 miles	-	10,000.00
		lienholder: UVA Credit Union payment: 373.00 arrears: two months		

Sub-Total > **18,175.03**
(Total of this page)

Sheet 2 of 3 continuation sheets attached
to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Christina L Barte**Case No. **10-62788**

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.		Shed--Model 2035, 8 x 10 Clay/Red RF. Black	-	400.00

Sub-Total > **400.00**
(Total of this page)
Total > **24,250.05**

Sheet **3** of **3** continuation sheets attached
to the Schedule of Personal Property

(Report also on Summary of Schedules)

B6C (Official Form 6C) (4/10)

In re Christina L BarteeCase No. 10-62788

Debtor

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☐ 11 U.S.C. §522(b)(2)☒ 11 U.S.C. §522(b)(3)☐ Check if debtor claims a homestead exemption that exceeds \$146,450. (Amount subject to adjustment on 4/1/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Real Property			
House and land located at 6615 West James Anderson Highway Gladstone, VA 24553 Buckingham County	Va. Code Ann. § 34-4	2,000.00	77,300.00
house: 64,300 land: 31,000			
lienholder: usda payment: 181.00 arrears: 3 months			
lienholder: Allied payment: 184.00 arrears: 3 months			
Cash on Hand			
CASH ON HAND	Va. Code Ann. § 34-4	15.00	15.00
Checking, Savings, or Other Financial Accounts, Certificates of Deposit			
CHECKING ACCOUNT AT BB&T BANK	Va. Code Ann. § 34-4	15.00	15.00
Household Goods and Furnishings			
REFRIGERATOR: 200.00, STOVE: 200.00, MICROWAVE: 20.00, POTS/PANS: 50.00, SMALL APPLIANCES: 50.00, UTENSILS: 20.00, DISHWARE: 20.00, WASHER: 200.00, DRYER: 200.00, FOOD: 100.00, 4 TVS: 400.00, VCR/DVD COMBO: 50.00, ALARM CLOCK/RADIO: 20.00, VACCU CLEANER: 25.00, LAMPS: 10.00, RUGS/MATS: 50.00, TRASH CANS/HAMPERS: 20.00, LINENS: 100.00, WINDOW DRESSINGS: 50.00, CEILING FAN: 50.00, TV STAND: 25.00, WALL PAINTINGS: 10.00, PHONES/CELLPHONES: 25.00, 1 BEDROOM SUITS WITH MATTRESS SETS: 500.00, DAYBED/MATTRESS:75.00, DRESSER: 30.00, CHEST:20.00	Va. Code Ann. § 34-26(4a)	2,520.00	2,520.00
living room suit: 500.00 kitchen table/chairs: 500.00 bedroom suit/mattress set: 500.00	Va. Code Ann. § 34-4 Va. Code Ann. § 34-26(4a)	0.01 1,500.00	1,500.00
Books, Pictures and Other Art Objects; Collectibles			
FAMILY BIBLE	Va. Code Ann. § 34-26(1)	20.00	20.00
FAMILY PORTRAITS	Va. Code Ann. § 34-26(2)	100.00	100.00
BIBLE:10.00, CDS: 25.00, PAPERBACK BOOKS: 20.00, PHOTO ALBUMS: 10.00, PLAYSTATION & GAMES:100.00, WII SYSTEM & GAMES:100.00,	Va. Code Ann. § 34-4	875.00	875.00

1 continuation sheets attached to Schedule of Property Claimed as Exempt

B6C (Official Form 6C) (4/10) -- Cont.

In re **Christina L Bartee**Case No. **10-62788**

Debtor

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

(Continuation Sheet)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<u>Wearing Apparel</u> SHOES/BOOTS: 100.00, SHIRTS:100.00, DRESSES:100.00, COATS JACKETS: 100.00, PANTS SLACKS JEANS SHORTS SKIRTS: 100.00, USED WEARING APPAREL: 50.00, HANDBAGS: 50.00, GLASSES: 10.00	Va. Code Ann. § 34-26(4)	610.00	610.00
<u>Furs and Jewelry</u> EARRINGS: 20.00	Va. Code Ann. § 34-4	20.00	20.00
<u>Interests in Insurance Policies</u> LIFE INSURANCE POLICY CASH SURRENDER VALUE	Va. Code Ann. § 34-4	0.01	0.01
<u>Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans</u> ALL IRAS, 401 K PLANS, 401B PLANS, 403B PLANS, AND ANY AND ALL OTHER PENSION AND RETIREMENT PLANS	Va. Code Ann. § 34-4 Va. Code Ann. § 34-34 federal erisa-d	0.01 0.01	0.01
<u>Other Liquidated Debts Owning Debtor Including Tax Refund</u> ALL FEDERAL AND STATE INCOME TAX REFUNDS	Va. Code Ann. § 34-4	0.01	0.01
GARNISHMENT FUNDS	Va. Code Ann. § 34-4	0.01	0.01
<u>Contingent and Non-contingent Interests in Estate of a Decedent</u> INCHOATE INTEREST IN INHERITANCE PROPERTY	Va. Code Ann. § 34-4	0.01	0.01
<u>Automobiles, Trucks, Trailers, and Other Vehicles</u> 2005 Mitsubishi, Endeavor, with over 70,253 miles, awd	Va. Code Ann. § 34-4	0.01	8,175.00
lienholder: Americredit payment: 398.61 arrears: two months			
2008 kia optima, 4dr, auto, with over 40,000 miles	Va. Code Ann. § 34-4	0.01	10,000.00
lienholder: UVA Credit Union payment: 373.00 arrears: two months			
<u>Other Personal Property of Any Kind Not Already Listed</u> Shed--Model 2035, 8 x 10 Clay/Red RF. Black	Va. Code Ann. § 34-4	0.01	400.00

Total:

7,675.10**101,550.05**Sheet 1 of 1 continuation sheets attached to the Schedule of Property Claimed as Exempt

B6D (Official Form 6D) (12/07)

In re **Christina L Bartee**Case No. **10-62788**

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R H U S B A N D W I F E J O I N T C O M M U N I T Y	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. 2035			2008					
A & Barn Rentals LLC PO Box 77 Pratts, VA 22731		-	Purchase Money Security Shed--Model 2035, 8 x 10 Clay/Red RF. Black					
			Value \$ 400.00				600.00	200.00
Account No. 0496			2000					
Allied Home Mortgage 6110 Pinemont Suite 215 Houston, TX 77092		-	Second Mortgage House and land located at 6615 West James Anderson Highway Gladstone, VA 24553 Buckingham County house: 64,300 land: 31,000					
			Value \$ 77,300.00				13,000.00	0.00
Account No. 0956			2006					
Americredit P O Box 78143 Phoenix, AZ 85062		-	Purchase Money Security 2005 Mitsubishi, Endeavor, with over 70,253 miles, awd lienholder: Americredit payment: 398.61 arrears: two months					
			Value \$ 8,175.00				10,605.24	2,430.24
Account No. 3703			2008					
Schewels Furniture Company Wes Westmoreland Vice President P O Box 6120 Lynchburg, VA 24505		-	Purchase Money Security living room suit: 500.00 kitchen table/chairs: 500.00 bedroom suit/mattress set: 500.00					
			Value \$ 1,500.00				2,000.00	500.00
Subtotal (Total of this page)							26,205.24	3,130.24

1 continuation sheets attached

B6D (Official Form 6D) (12/07) - Cont.

In re **Christina L Bartee**Case No. **10-62788**

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. 3756			2000 First Mortgage House and land located at 6615 West James Anderson Highway Gladstone, VA 24553 Buckingham County house: 64,300 land: 31,000					
USDA Rural Housing Rural Housing Service P O Box 66827 Saint Louis, MO 63166		-	Value \$ 77,300.00				56,180.00	0.00
Account No. 3703			2008 Purchase Money Security 2008 kia optima, 4dr, auto, with over 40,000 miles lienholder: UVA Credit Union payment: 373.00 arrears: two months					
Uva Credit Union 3300 Berkmar Dr Charlottesville, VA 22901		-	Value \$ 10,000.00				16,000.00	0.00
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Subtotal (Total of this page)							72,180.00	0.00
Total (Report on Summary of Schedules)							98,385.24	3,130.24

Sheet **1** of **1** continuation sheets attached to
Schedule of Creditors Holding Secured Claims

In re **Christina L Bartee**Case No. **10-62788**

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,600* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6F (Official Form 6F) (12/07)

In re **Christina L Bartee**Case No. **10-62788**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. 8196 Advance America 1819 Peery Drive Farmville, VA 23901		-				496.20
Account No. 2035 Anabond 3300 Berkmar Drive Charlottesville, VA 22901		-				400.00
Account No. 2438 Applied Card Bank P O Box 17120 Wilmington, DE 19886		-				400.00
Account No. 3703 Apply PO Box 17120 Wilmington, DE 19886		-				0.01
Subtotal (Total of this page)						1,296.21

7 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Christina L Bartee**Case No. **10-62788**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 6790 Belk PO Box 981084 El Paso, TX 79998	-	2010 credit card				230.00
Account No. 6693 Capital One Bank PO Box 10884 Charlotte, NC 28272	-	2009 credit card				1,482.00
Account No. 6465 Capital One Bank P O Box 85167 Richmond, VA 23285	-	2009 credit card				999.00
Account No. 3703 Cash Advance 1418 N Battlefield Blvd Chesapeake, VA 23320	-	2009 & 2010 cash advance				1,000.00
Account No. 0106 CBC Inc Andrew Bailey PO Box 580109 Charlotte, NC 28258	-	2008 doc bill				500.00
Sheet no. <u>1</u> of <u>7</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						4,211.00
Subtotal (Total of this page)						4,211.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Christina L Bartee**Case No. **10-62788**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 0701 Central Virginia Health Center PO Box 220 New Canton, VA 23123	-	2008 medical bill				350.00
Account No. 9362 Chase P O Box 15583 Wilmington, DE 19886	-	2009 credit card				1,036.00
Account No. 3703 Citibank P O Box 6000 The Lakes, NV 89163	-	2008 credit card				2,842.00
Account No. 2727 Credit One Bank PO Box 60500 City Of Industry, CA 91716	-	2009 credit card				1,268.00
Account No. 0701 CVHS PO Box 220 New Canton, VA 23123	-	2008 notice for Central Va Health Center				0.01
Sheet no. 2 of 7 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 5,496.01

B6F (Official Form 6F) (12/07) - Cont.

In re **Christina L Bartee**Case No. **10-62788**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 8258 Dell Financial Services P O Box 6403 Carol Stream, IL 60197	-	2007/2008 no longer have the merchandise- laptop				1,500.00
Account No. 7563 Fashion Bug P O Box 659728 San Antonio, TX 78265	-	2009 credit card				200.00
Account No. 2789 First Premier Po Box 5147 Sioux Falls, SD 57117	-	2008/2009 credit card				519.00
Account No. 6073 First Premier Po Box 5147 Sioux Falls, SD 57117	-	2008/2009 credit card				324.00
Account No. 9864 HSBC PO Box 88000 Baltimore, MD 21288	-	2008 credit card---Orchard Bank				435.00
Sheet no. 3 of 7 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 2,978.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Christina L Bartee**Case No. **10-62788**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 0657		2008				
HSBC PO Box 15522 Wilmington, DE 19850	-	credit card				446.00
Account No. 2421		2009				
JC Penny P O Box 960090 Orlando, FL 32896	-	credit card				431.00
Account No. 0095		2008				
Lendmark 1862 Abbey Road Charlottesville, VA 22911	-	loan				4,524.00
Account No. 3703		2005				
Midnight Velvet 1112 Seventh Avenue Monroe, WI 53566	-	Debtor says she applied for the card. But she never got approved and/or got a card.				0.00
Account No. 9864		credit card aka HSBC				
Orchard Bank P O Box 17051 Baltimore, MD 21297	-					0.01
Sheet no. 4 of 7 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						5,401.01

B6F (Official Form 6F) (12/07) - Cont.

In re **Christina L Bartee**Case No. **10-62788**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 9908		2008				206.00
Paypal Po Box 960080 Orlando, FL 32896	-					
Account No. 3703		2007				4,500.00
Sallie Mae Servicing P O Box 4600 Wilkes Barre, PA 18773	-					
Account No. 3703		2007				5,667.00
Sallie Mae Servicing P O Box 4600 Wilkes Barre, PA 18773	-					
Account No. 5554		2007/2008 loan				53.00
Sperry Marine FCU Po Box 4519 Carol Stream, IL 60197	-					
Account No. 7109		2008 credit card				306.00
Target Retailers National Bank P O Box 59231 Minneapolis, MN 55459	-					
Sheet no. 5 of 7 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 10,732.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Christina L Bartee**Case No. **10-62788**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 3703		2007				
The USA HSF Po Box 9007 Charlottesville, VA 22906	-	medical bill				147.00
Account No. 3703		2008				
US Cellular P O Box 371345 Pittsburgh, PA 15250	-	closed acct				400.00
Account No. 3703		2007				
US Department of Education P O Box 530260 Atlanta, GA 30353	-					3,500.00
Account No. 3703		2007				
US Department of Education P O Box 530260 Atlanta, GA 30353	-					6,564.00
Account No. 0769		2008				
Uva Credit Union 3300 Berkmar Dr Charlottesville, VA 22901	-	credit card				3,603.00
Sheet no. 6 of 7 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						14,214.00
Subtotal (Total of this page)						14,214.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Christina L Bartee**Case No. **10-62788**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 0769		2008				
Uva Credit Union 3300 Berkmar Dr Charlottesville, VA 22901	-	personal loan				504.00
Account No. 3703		2008				
Verizon Bankruptcy Department P O Box 17577 Baltimore, MD 21297	-	closed				150.00
Account No. 1598		2008				
Walmart Po Box 530927 Atlanta, GA 30353	-					116.00
Account No. 9362		2008				
Wamu Po Box 660487 Dallas, TX 75226	-	credit card/ Chase bought out this card				0.00
Account No.						
Sheet no. <u>7</u> of <u>7</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 770.00
(Report on Summary of Schedules)						Total 45,098.23

B6G (Official Form 6G) (12/07)

In re Christina L Bartee

Case No. 10-62788

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
--	--

B6H (Official Form 6H) (12/07)

In re **Christina L Bartee**

Case No. **10-62788**

Debtor

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

0

continuation sheets attached to Schedule of Codebtors

B6I (Official Form 6I) (12/07)

In re **Christina L Bartee**Case No. **10-62788**

Debtor(s)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
Single	RELATIONSHIP(S): Daughter Son	AGE(S): 12 5
Employment:	DEBTOR	SPOUSE
Occupation	security officer, biweekly	
Name of Employer	Securitas Security Svcs	
How long employed	4 years	
Address of Employer	2809 Emerywood Pkwy Suite 250 Richmond, VA 23234	

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)
2. Estimate monthly overtime

DEBTOR	SPOUSE
\$ 1,736.00	\$ N/A
\$ 0.00	\$ N/A

3. SUBTOTAL

\$ 1,736.00	\$ N/A
--------------------	---------------

4. LESS PAYROLL DEDUCTIONS

- a. Payroll taxes and social security
b. Insurance
c. Union dues
d. Other (Specify): **VOL LIFE 1.36 X 2.17**

\$ 295.12	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 2.95	\$ N/A
\$ 0.00	\$ N/A

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 298.07	\$ N/A
------------------	---------------

6. TOTAL NET MONTHLY TAKE HOME PAY

\$ 1,437.93	\$ N/A
--------------------	---------------

7. Regular income from operation of business or profession or farm (Attach detailed statement)
8. Income from real property
9. Interest and dividends
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above
11. Social security or government assistance (Specify):

\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 600.00	\$ N/A

12. Pension or retirement income

13. Other monthly income

(Specify):

food stamps**future income tax refunds**

\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 250.00	\$ N/A
\$ 360.00	\$ N/A

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ 1,210.00	\$ N/A
--------------------	---------------

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ 2,647.93	\$ N/A
--------------------	---------------

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

\$ 2,647.93	
--------------------	--

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

B6J (Official Form 6J) (12/07)

In re **Christina L Bartee**Case No. **10-62788**

Debtor(s)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	181.00
a. Are real estate taxes included? Yes <u>X</u> No <u> </u>		
b. Is property insurance included? Yes <u>X</u> No <u> </u>		
2. Utilities: a. Electricity and heating fuel	\$	135.00
b. Water and sewer	\$	0.00
c. Telephone	\$	0.00
d. Other <u>See Detailed Expense Attachment</u>	\$	171.25
3. Home maintenance (repairs and upkeep)	\$	33.00
4. Food	\$	450.00
5. Clothing	\$	90.00
6. Laundry and dry cleaning	\$	25.00
7. Medical and dental expenses	\$	35.00
8. Transportation (not including car payments)	\$	235.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	25.00
10. Charitable contributions	\$	60.00
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	0.00
b. Life	\$	17.00
c. Health	\$	0.00
d. Auto	\$	129.21
e. Other <u> </u>	\$	0.00
12. Taxes (not deducted from wages or included in home mortgage payments)		
(Specify) <u>PERSONAL PROPERTY TAXES</u>	\$	16.67
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	0.00
b. Other <u>SECOND MORTGAGE</u>	\$	184.00
c. Other <u> </u>	\$	0.00
14. Alimony, maintenance, and support paid to others	\$	0.00
15. Payments for support of additional dependents not living at your home	\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	0.00
17. Other <u>hair and grooming maintenance</u>	\$	50.00
Other <u>emergency fund</u>	\$	100.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	1,937.13
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:		
<hr/>		
20. STATEMENT OF MONTHLY NET INCOME		
a. Average monthly income from Line 15 of Schedule I	\$	2,647.93
b. Average monthly expenses from Line 18 above	\$	1,937.13
c. Monthly net income (a. minus b.)	\$	710.80

B6J (Official Form 6J) (12/07)

In re **Christina L Bartee**

Case No. **10-62788**

Debtor(s)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Detailed Expense Attachment

Other Utility Expenditures:

cable/house phone	\$	120.00
cell	\$	45.00
trash decal/tags	\$	6.25
Total Other Utility Expenditures	\$	171.25

B6 Summary (Official Form 6 - Summary) (12/07)

United States Bankruptcy Court
Western District of Virginia

In re **Christina L Bartee**,
 Debtor

Case No. **10-62788**Chapter **13**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	77,300.00		
B - Personal Property	Yes	4	24,250.05		
C - Property Claimed as Exempt	Yes	2			
D - Creditors Holding Secured Claims	Yes	2		98,385.24	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	8		45,098.23	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			2,647.93
J - Current Expenditures of Individual Debtor(s)	Yes	2			1,937.13
Total Number of Sheets of ALL Schedules		23			
Total Assets			101,550.05		
Total Liabilities				143,483.47	

United States Bankruptcy Court
Western District of Virginia

In re **Christina L Bartee**

Debtor

Case No. **10-62788**Chapter **13**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

- ☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	20,231.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	20,231.00

State the following:

Average Income (from Schedule I, Line 16)	2,647.93
Average Expenses (from Schedule J, Line 18)	1,937.13
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	2,399.40

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		3,130.24
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		45,098.23
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		48,228.47

United States Bankruptcy Court
Western District of Virginia

In re Christina L Bartee

Debtor(s)

Case No. 10-62788

Chapter 13

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>2,500.00</u>
Prior to the filing of this statement I have received	\$	<u>1.00</u>
Balance Due	\$	<u>2,499.00</u>

2. \$ **274.00** of the filing fee has been paid. FF \$274.00 + \$50.00 CCCS internet briefing course=\$324.00
Paid to Atty Yancey \$325.00 - \$324.00{ less costs of \$324.00}=\$1.00 of compensation paid to Atty Yancey.
3. The source of the compensation paid to me was:
☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:
☐ Debtor ☒ Other (specify): PAID BY TRUSTEE UNDER THE U.S. BANKRUPTCY C-13 PLAN
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
d. [Other provisions as needed]
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: September 17, 2010

/s/ R. R. Yancey
R. R. Yancey V.S.B. # 17958
RR Yancey
Reginald R. Yancey, V.S.B. 17958
PO Box 11908
Lynchburg, VA 24506
434-528-1632 Fax: 434-846-7112

B6 Declaration (Official Form 6 - Declaration). (12/07)

**United States Bankruptcy Court
Western District of Virginia**

In re **Christina L Bartee**

Debtor(s)

Case No. **10-62788**

Chapter **13**

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **25** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **September 17, 2010**

Signature **/s/ Christina L Bartee**

Christina L Bartee

Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

B22C (Official Form 22C) (Chapter 13) (04/10)

In re **Christina L Barte**
 Debtor(s)
 Case Number: **10-62788**
 (If known)

According to the calculations required by this statement:

- ☒ The applicable commitment period is 3 years.
☐ The applicable commitment period is 5 years.
☐ Disposable income is determined under § 1325(b)(3).
☒ Disposable income is not determined under § 1325(b)(3).
 (Check the boxes as directed in Lines 17 and 23 of this statement.)

**CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME
 AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME**

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

Part I. REPORT OF INCOME					
1	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. <input checked="" type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. b. <input type="checkbox"/> Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10. All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.			Column A Debtor's Income	Column B Spouse's Income
2	Gross wages, salary, tips, bonuses, overtime, commissions.			\$ 1,549.40	\$
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.			\$ 0.00	\$
		Debtor	Spouse		
a.	Gross receipts	\$ 0.00	\$		
b.	Ordinary and necessary business expenses	\$ 0.00	\$		
c.	Business income	Subtract Line b from Line a		\$ 0.00	\$
4	Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV.			\$ 0.00	\$
		Debtor	Spouse		
a.	Gross receipts	\$ 0.00	\$		
b.	Ordinary and necessary operating expenses	\$ 0.00	\$		
c.	Rent and other real property income	Subtract Line b from Line a		\$ 0.00	\$
5	Interest, dividends, and royalties.			\$ 0.00	\$
6	Pension and retirement income.			\$ 0.00	\$
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse.			\$ 0.00	\$
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:			\$ 0.00	\$
Unemployment compensation claimed to be a benefit under the Social Security Act		Debtor \$ 0.00	Spouse \$		

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9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.					
		Debtor		Spouse		
	a.	CHILD SUPPORT	\$	600.00	\$	
	b.	FOOD STAMPS	\$	250.00	\$	
					\$ 850.00 \$	
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).				\$ 2,399.40	\$
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.				\$ 2,399.40	

Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD

12	Enter the amount from Line 11				\$ 2,399.40
13	Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.				
	a.		\$		
	b.		\$		
	c.		\$		
	Total and enter on Line 13				\$ 0.00
14	Subtract Line 13 from Line 12 and enter the result.				\$ 2,399.40
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.				\$ 28,792.80
16	Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
	a. Enter debtor's state of residence: <u>VA</u>		b. Enter debtor's household size: <u>3</u>		\$ 73,887.00
17	Application of § 1325(b)(4). Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement. <input type="checkbox"/> The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement.				

Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME

18	Enter the amount from Line 11.				\$ 2,399.40
19	Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.				
	a.		\$		
	b.		\$		
	c.		\$		
	Total and enter on Line 19.				\$ 0.00
20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.				\$ 2,399.40

21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.	\$ 28,792.80																								
22	Applicable median family income. Enter the amount from Line 16.	\$ 73,887.00																								
23	Application of § 1325(b)(3). Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. <input checked="" type="checkbox"/> The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Parts IV, V, or VI.																									
Part IV. CALCULATION OF DEDUCTIONS FROM INCOME																										
Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)																										
24A	National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	\$																								
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 16b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.	\$																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">Household members under 65 years of age</th> <th colspan="3" style="text-align: left;">Household members 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">a1.</td><td style="width: 40%;">Allowance per member</td><td style="width: 20%;"></td> <td style="width: 5%;">a2.</td><td style="width: 40%;">Allowance per member</td><td style="width: 20%;"></td> </tr> <tr> <td>b1.</td><td>Number of members</td><td></td> <td>b2.</td><td>Number of members</td><td></td> </tr> <tr> <td>c1.</td><td>Subtotal</td><td></td> <td>c2.</td><td>Subtotal</td><td></td> </tr> </tbody> </table>			Household members under 65 years of age			Household members 65 years of age or older			a1.	Allowance per member		a2.	Allowance per member		b1.	Number of members		b2.	Number of members		c1.	Subtotal		c2.	Subtotal	
Household members under 65 years of age			Household members 65 years of age or older																							
a1.	Allowance per member		a2.	Allowance per member																						
b1.	Number of members		b2.	Number of members																						
c1.	Subtotal		c2.	Subtotal																						
25A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court).	\$																								
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.	\$																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 5%;">a.</td><td style="width: 50%;">IRS Housing and Utilities Standards; mortgage/rent Expense</td><td style="width: 45%;">\$</td></tr> <tr> <td>b.</td><td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47</td><td>\$</td></tr> <tr> <td>c.</td><td>Net mortgage/rental expense</td><td>Subtract Line b from Line a.</td></tr> </tbody> </table>			a.	IRS Housing and Utilities Standards; mortgage/rent Expense	\$	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$	c.	Net mortgage/rental expense	Subtract Line b from Line a.															
a.	IRS Housing and Utilities Standards; mortgage/rent Expense	\$																								
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$																								
c.	Net mortgage/rental expense	Subtract Line b from Line a.																								
26	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:	\$																								
27A	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more. If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	\$																								

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27B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from the IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		\$	
28	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. Do not enter an amount less than zero.		\$	
	a.	IRS Transportation Standards, Ownership Costs		\$
	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47		\$
	c.	Net ownership/lease expense for Vehicle 1		Subtract Line b from Line a.
29	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero.		\$	
	a.	IRS Transportation Standards, Ownership Costs		\$
	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47		\$
	c.	Net ownership/lease expense for Vehicle 2		Subtract Line b from Line a.
30	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.		\$	
31	Other Necessary Expenses: mandatory deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.		\$	
32	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.		\$	
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in line 49.		\$	
34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.		\$	
35	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.		\$	
36	Other Necessary Expenses: health care. Enter the average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.		\$	
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.		\$	
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.		\$	
Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 24-37				

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39	<p>Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.</p> <table border="1" data-bbox="199 239 1115 352"> <tr> <td>a.</td> <td>Health Insurance</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Disability Insurance</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Health Savings Account</td> <td>\$</td> </tr> </table> <p>Total and enter on Line 39</p> <p>If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:</p> <p>\$</p>	a.	Health Insurance	\$	b.	Disability Insurance	\$	c.	Health Savings Account	\$	<p>\$</p>
a.	Health Insurance	\$									
b.	Disability Insurance	\$									
c.	Health Savings Account	\$									
40	<p>Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.</p>	<p>\$</p>									
41	<p>Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.</p>	<p>\$</p>									
42	<p>Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.</p>	<p>\$</p>									
43	<p>Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.</p>	<p>\$</p>									
44	<p>Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.</p>	<p>\$</p>									
45	<p>Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.</p>	<p>\$</p>									
46	<p>Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.</p>	<p>\$</p>									

Subpart C: Deductions for Debt Payment

47	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.				
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance	
	a.		\$	<input type="checkbox"/> yes <input type="checkbox"/> no	
			Total: Add Lines		\$
48	Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.				
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount		
	a.		\$		
			Total: Add Lines		\$
49	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 33.				\$
50	Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense.				
	a.	Projected average monthly Chapter 13 plan payment.		\$	
	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		x	
	c.	Average monthly administrative expense of Chapter 13 case		Total: Multiply Lines a and b	\$
51	Total Deductions for Debt Payment. Enter the total of Lines 47 through 50.				\$

Subpart D: Total Deductions from Income

52	Total of all deductions from income. Enter the total of Lines 38, 46, and 51.	\$
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Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)

53	Total current monthly income. Enter the amount from Line 20.	\$
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.	\$
55	Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).	\$
56	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.	\$

57	<p>Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. You must provide your case trustee with documentation of these expenses and you must provide a detailed explanation of the special circumstances that make such expense necessary and reasonable.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 60%;">Nature of special circumstances</th> <th style="width: 10%;">Amount of Expense</th> <th style="width: 25%;"></th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td>\$</td> <td></td> </tr> <tr> <td>b.</td> <td></td> <td>\$</td> <td></td> </tr> <tr> <td>c.</td> <td></td> <td>\$</td> <td></td> </tr> <tr> <td colspan="2"></td> <td colspan="2" style="text-align: right;">Total: Add Lines</td> </tr> </tbody> </table>		Nature of special circumstances	Amount of Expense		a.		\$		b.		\$		c.		\$				Total: Add Lines		\$
	Nature of special circumstances	Amount of Expense																				
a.		\$																				
b.		\$																				
c.		\$																				
		Total: Add Lines																				
58	<p>Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56, and 57 and enter the result.</p>	\$																				
59	<p>Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.</p>	\$ 																				

Part VI. ADDITIONAL EXPENSE CLAIMS

60	<p>Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 60%;">Expense Description</th> <th style="width: 35%;">Monthly Amount</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td>\$</td> </tr> <tr> <td>b.</td> <td></td> <td>\$</td> </tr> <tr> <td>c.</td> <td></td> <td>\$</td> </tr> <tr> <td>d.</td> <td></td> <td>\$</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total: Add Lines a, b, c and d</td> <td>\$</td> </tr> </tbody> </table>		Expense Description	Monthly Amount	a.		\$	b.		\$	c.		\$	d.		\$	Total: Add Lines a, b, c and d		\$
	Expense Description	Monthly Amount																	
a.		\$																	
b.		\$																	
c.		\$																	
d.		\$																	
Total: Add Lines a, b, c and d		\$																	

Part VII. VERIFICATION

61	<p>I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this is a joint case, both debtors must sign.)</i></p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%;"> <p>Date: <u>September 17, 2010</u></p> </div> <div style="width: 50%;"> <p>Signature: <u>/s/ Christina L Bartee</u> Christina L Bartee (Debtor)</p> </div> </div>
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